

Monkeypox Infection Prevention and Control Recommendations for Healthcare Settings

These recommendations apply to different types of healthcare facilities including local health districts' clinics.

Screening and Communication

- Ensure screening is occurring to identify potential cases. Clinical and epidemiologic criteria are outlined on the [CDC website](#).
- If a patient is suspected to have monkeypox, infection prevention and control and the local health department should be notified immediately.

Patient Placement

- Isolate patients with suspected or confirmed monkeypox in a single-person room with a dedicated bathroom.
 - Keep the door closed if safe to do so.
 - Patient transport should be minimized and limited to medically essential purposes.
 - If transport occurs outside of the room, the patient should wear well-fitting source control (e.g., medical mask) and cover any exposed skin lesions with a sheet or gown.
 - Special air handling is not required for routine patient care, but aerosol-generating procedures or any procedures likely to spread oral secretions should be performed in an airborne infection isolation room.

Isolation Precautions and Personal Protective Equipment

- Use standard and transmission-based precautions while providing patient care.
 - Recommended personal protective equipment includes: gown, gloves, NIOSH-approved N95 filtering facepiece or equivalent, or higher-level respirator, and eye protection.
 - Avoid activities that could resuspend dried material from lesions (e.g., use of portable fans, dry dusting, sweeping, vacuuming)
 - Collect specimens following [CDC IPC guidance](#)
 - Decisions to discontinue isolation precautions should be made in consultation with the local health department.
 - In general, isolation should be continued until all lesions have crusted, the crusts have separated, and a fresh layer of healthy skin has formed underneath.

Environmental Cleaning and Disinfection, Linen Management

- Perform environmental cleaning and disinfection using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim (see EPA's [List Q](#)).
 - Employ wet cleaning methods to avoid resuspending dried material from lesions.

- Handle soiled linen in accordance with standard precautions, avoiding contact with lesion material that may be present on the laundry. Laundry should be bagged or contained at the point of use.
 - Handle laundry gently; contain linens in an appropriate laundry bag, and do not shake the linens.
 - Consult the healthcare facility's linen vendor to determine if there are vendor-specific instructions on how to bag or separate the soiled linen.

Waste Management

- Waste management practices and category designation varies depending on the monkeypox virus clade (strain).
 - Patient waste (e.g., soiled PPE, patient dressings, bandages) should be handled, contained, and labeled as [regulated medical waste](#) (RMW). Appropriate personal protective equipment must be worn when handling RMW.
 - Quarantine waste generated from a suspect case until testing confirmation has been received to confirm diagnosis. Of note: PCR testing at the Division of Consolidated Laboratory Services (DCLS) is approximately 5–6 hours from start of testing.
 - If diagnosis is determined to be a presumed positive via PCR:
 - Continue to hold waste until confirmation has been obtained from the local health department on the specific clade.
 - Additional testing will be performed at CDC with an approximate turnaround time of 5–7 days for formal reporting of results. This includes a specific test target for the West African strain.
 - In the absence of known clade, waste is to be handled as [Category A](#) requiring a Department of Transportation special permit. Local and state health authorities should be consulted.
 - Patient and laboratory samples that have been confirmed to be West African monkeypox (the clade associated with this outbreak to date) are considered Category B regulated medical waste. Refer to the facility's waste management policy or consult with the contracted waste disposal company.
 - The surfaces of reusable medical equipment should be cleaned with an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim (EPA's [List Q](#)) in accordance with label instructions.
 - Disposable medical instruments and patient-care devices should be placed in an appropriate containment bag for safe handling and discarded as per state regulations for the routine handling of medical waste.
 - All reusable medical instruments should be cleaned and then be either sterilized or subjected to high-level disinfection depending on their intended use as per the Spaulding classification.

Healthcare Personnel Risk Assessment and Monitoring

- Identify and monitor exposed healthcare personnel (HCP).

- Use the [VDH Guidance for Assessing and Managing Exposed Healthcare Personnel](#) tool to assess healthcare facility exposures to healthcare personnel.
 - Based on the degree of exposure risk (e.g., high, intermediate, low/uncertain, no risk), determine next steps for monitoring, post exposure prophylaxis, and other public health recommendations.
 - HCP who are determined to be intermediate or high risk should undergo active monitoring by the healthcare facility, which includes measurement of temperature at least twice daily for 21 days following the last exposure.
 - HCP should be advised to self-isolate if any symptoms develop within the 21 days following the last exposure.
 - Asymptomatic HCP do not need to be excluded from work duty.
 - HCP who are immunocompromised can continue regular activities, including attending work, as long as they remain asymptomatic.
 - If symptoms develop, HCP should immediately self-isolate and contact the health department for further guidance.
 - HCP who have been determined to have any exposure risk (i.e., low/uncertain, intermediate, or high) should avoid contact with immunosuppressed people, people who are pregnant or breastfeeding, and children aged under 8 years, where possible.
 - Healthcare facilities are responsible for determining the degree of exposure and monitoring HCP, but are encouraged to consult with the local health department if there are questions about how to classify exposure in unusual situations.

References:

- [CDC Infection Prevention and Control of Monkeypox in Healthcare Settings](#)
- [CDC Preparation and Collection of Specimens](#)
- [EPA Disinfectants for Emerging Viral Pathogens List Q](#)
- [VDH Assessing and Managing Exposed Healthcare Personnel](#) risk assessment tool (5/26/22)